CCL.309 Rev. 3/2017

Kansas Department of Health and Environment

Bureau of Family Health 1000 SW Jackson, Suite 200 Topeka, KS 66612-1274 (785) 296-1270 Fax (785) 559-4244 Website: www.kdhe.gov/kidsnet



INQUIRY REGARDING LICENSURE CHILD CARE CENTER, PRESCHOOL OR MOTHER'S DAY OUT

impact on the children and you risk of harm to children and yo1) requesting	me. The service you offer to chil th in your program. Kansas child uth. By completing and submittin determination of required licensu DHE that a child care facility or p	d care g this ure; O	laws and regulation application you a R	ons are de re: (CHI	esigned to r ECK ONE)	educe the predictable
	igned inquiry to the Kansas De for a written determination of I			d Enviror	nment at th	e above address.
SECTION I: FACILITY INFOR	RMATION. COMPLETE ALL INF	ORM	ATION REQUES	TED. PLE	EASE PRIN	========= Т.
Official Name of the Child Care Center, Preschool or Mother's Day Out Facility						
Physical Address of Program: Street Address			City		Zip Code	
County	Phone Number	Fax Number Email		Email Add	I Address	
	()	()			
Mailing Address of the Program: Street Address			City		Zip Code	
SECTION II: LEGAL OW PRINT.	NER/OPERATOR INFORMATIO	==== N. C	OMPLETE ALL IN	IFORMA	TION REQU	JESTED. PLEASE
Name of the Legal Owner/C	Operator					
Physical Address of the Owner/Operator: Street Address			City		Zip Code	
County	Phone Number	Fax	Number		Email Add	dress
,	()	()			
Mailing Address of the Owner/Operator: Street Address			City			Zip Code

The Legal (Owner/Ope	erator is a (cl	neck ONE of the f	following):			
	corporation government local unit nonpublic	on ent agency ot of governme s school that	her than a local unt or public scho		or public scl	hool district	
	accredited by nonaccredited						
	other (ple	ase describe)				
SECTION III:			TER, PRESCHOC		DAY OUT HO	DURS OF OPERATIO	N. COMPLETE ALL
Indicate the noption for each				veek you will be pro	viding services	s to children and youth	n (check only one
All Yea	ar (Jan thro	ough Dec)	Summer	Only (June through	Aug)	School Year Only	(Sept through May)
Monday	Tue	esday	Wednesday	Thursday	Friday	Saturday	Sunday
All Year (Jan through Dec)			Summer Only (June through Aug) School Year Only (Sept through M				(Sept through May)
Monday	Tue	esday	Wednesday	Thursday	Friday	Saturday	Sunday
	No No	OR more	than one day per nts of the childrer their children (i.e	week. n in the program a	re on the pren	rates more than five on the second immediate es such as physical e	ely accessible to
SECTION IV:	: CHILI	DREN/YOUTH	I SERVED BY TH	E PROGRAM.			
Yes _	No	No The program serves infants. Infant means a child who is between two weeks and 12 months of age, or a child over 12 months who has not learned to walk pursuant to K.A.R. 28-4-420(k).					
Yes	No	No The program serves toddlers. Toddler means a child who has learned to walk and who is between 12 and 30 months of age pursuant to K.A.R. 28-4-420(dd).					
Yes _	No	The program serves preschool age children. Preschool age means a child who is between 30 months of age and the age of eligibility to enter kindergarten as prescribed in K.S.A. 72-1107(c) and any amendments thereto pursuant to K.A.R. 28-4-420(u).					
Yes _	No	No The program serves kindergarten and school age children. Kindergarten age means eligibility to enter kindergarten as prescribed in K.S.A. 72-1107(c) and any amendments thereto. School age children means a child who will attain the age of six years on or before the first day of September of any school year, but who is not 16 years of age pursuant to K.A.R. 28-4-420(x).					
SECTION V:	PART	NERSHIPS C	OR AN ASSOCIAT	TON OF INDIVIDUA	ALS; CORPO	PERATED BY INDIVI RATIONS OR GOVER to the next section).	RNMENT AGENCIES
Yes Yes Yes	No	No The program does not enroll any child more than one session per day.					

SECTION VI.		TO BE COMPLETED FOR PRESCHOOL PROGRAMS OWNED AND OPERATED BY NON-PUBLIC SCHOOLS ONLY (all other owners skip to the next section).					
Yes		The preschool program is operated on the premises of a private school providing kindergarten through grade six.					
Yes	_ No	The preschool program provides learning experiences for only pursuant to K.A.R. 28-4-420(t)(1).	children who are preschool age				
Yes		The preschool program does not exceed three hours per session	on.				
Yes Yes	No No	The preschool does not enroll any child more than one session. The preschool program does not serve a meal.	per day.				
I attest, under penalty of perjury, that to the best of my knowledge, the information in this section is true and correct.							
Signature of So	chool Au	thority (Principal, Attorney for School, Governing Body President)	Date Signed				
SECTION VII.		COMPLETED FOR PRESCHOOL AND HEAD START PROGRAMS COMPLETED FOR PRESCHOOL AND HEAD START PROGRAMS COMPLETED FOR INTERLOCALS ONLY (all other owner)					
Yes		The program is a preschool program for children age 3 to kinde	ergarten age.				
Yes Yes	_ No	The program is operated pursuant to K.S.A. 72-67,115. The program is operated by the Board of Education or operated	through an interlocal agreement				
Yes	_ No	The Board of Education contracts with public or private entities to operate the preschool program.					
l attest, under p	oenalty o	of perjury, that to the best of my knowledge, the information in th	is section is true and correct.				
Signature of So	chool Au	thority (Principal, Superintendent, Attorney for District, School Board	President) Date Signed				
SECTION VIII.	OTHE	R THAN A PRESCHOOL - DESCRIPTION OF THE PROGRAM					
Yes	_ No	The program is a Head Start program that is not owned and ope	erated by a school district.				
Yes	_ No	The program operates more than three hours and children atter	nd less than 24 hours per day.				
Yes	_ No	The program serves kindergarten and school age children and determination pursuant to the regulations governing a child car age or drop in program. If requesting determination pursuant to regulations, please use form CCL.360.	re centers rather than as a school				
SECTION IX. Provide a brief overview of the goals and purpose of the program (attach additional sheet for information, if needed).							
SECTION X. AGREEMENTS AND AUTHORIZED SIGNATURE. READ EACH STATEMENT AND SIGN WHEN COMPLETED.							
I/We the undersigned, am [are the person(s)] named as the Owner or the person(s) authorized to represent the owner listed above.							
I/We understand that if a determination that a license is required, a new application must be submitted may take up to 90 days for processing by the Kansas Department of Health and Environment (KDHE), once KDHE receives a complete application. I/We understand that I/we are not authorized to provide services to children and youth prior to receiving a Temporary Permit or License from KDHE. Determination is based on the information provided by the owner in this inquiry as of the date signed. If changes to the program are made, a new inquiry regarding licensure should be submitted to the department .							
I/We attest, under penalty of perjury, that to the best of my (our) knowledge, the information provided in this inquiry is true and correct.							
Authorized Si	gnature	•	Date (MM/DD/YYYY)				